



Animal Disease/Death Reporting Form

(if the disease you are reporting has a specific form, ideally use that form instead)

Date form completed _____

SUSPECTED DISEASE/CONDITION BEING REPORTED: _____

1. Animal Information

Type of animal involved: ☐ Domestic Pet ☐ Livestock ☐ Wild animal

☐ Exotic ☐ Zoo animal

Number of animals: ☐ One ☐ Multiple (give number _____)

Species of Animal _____

Other Identifying Information:

Breed _____ Color _____

Sex _____ Name _____

Age _____ Other _____

2. Reporting Veterinarian

Name _____ Clinic Name _____

Clinic Address _____

Tel _____ Fax _____ E-mail _____

3. Owner information (if applicable)

Name(s) _____ Telephone _____

Address _____

Is it okay for Public Health to call the owner(s) to ask more about the history? ☐ Yes ☐ No

4. History

Date of onset of first symptoms _____ Date of presentation _____

Date of death(s), if applicable _____

History (include vaccine history, if applicable):

5. Clinical Findings

Highest body temperature measured _____

Physical Examination

	Normal		Comments
General:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Skin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Head Area:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Respiratory:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Cardiovascular:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Abdomen/digestive:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Urogenital:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Musculoskeletal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Nervous:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Lymph nodes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

6. Treatment. Please describe treatment given, particularly antibacterial, antiviral, antifungal, antiparasitic.

Treatment Date	Describe Treatment
1. _____	_____
2. _____	_____
3. _____	_____

7. Laboratory results Please fax all laboratory results to us along with this form.

8. Additional comments. Please use an additional sheet if needed.